

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's LimoApplication for A Class C Stretcher Van Certificate
from

SOUTH CAROLINA MOBILITY, INC.

225835
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2010 - 303 - T

RECEIVED

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Joseph R. Hale

Telephone: 706-338-6237

Address: P. O. Box 2952

Fax: 678-253-5957

Loganville, GA 30052

Other:

Email: jhale@gameditransport.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

AUG 30 2010

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

RECEIVED

CLASS C - STRETCHER VAN

AUG 30 2010 Date: 24 August 2010

ORS
T.T.W./W/W

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

SOUTH CAROLINA MOBILITY, INC.

4755 HARRISON ROAD, LOGANVILLE GA 30052

Street Address of Applicant

P O BOX 2952, LOGANVILLE GA 30052

Mailing Address of Applicant if different from street address

706-338-6237

Phone

678-253-5957

Fax

jhale@gamedtransport.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Joseph R. Hale, 550 Talmadge Drive, Athens GA 30606

Robert P. Hale, 170 Greystone Terrace, Athens GA 30606

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month August Year 2010

<u>Assets:</u>	
Cash	16,000
Receivables	
Real Estate	
Buildings and Equipment (Net)	8,000
Motor Vehicles (Net)	136,000
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	160,000
<u>Liabilities and Equity:</u>	
Accounts Payable	10,000
Notes Payable	
Mortgages Payable	
Equipment Obligations	80,000
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	90,000
Capital Stock	70,000
Retained Earnings	
Total Equity	70,000
Total Liabilities and Equity	160,000

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Rates and Charges for Service are as follows:

Base Rate: Sedan

\$12.50 first 5 miles

\$ 1.75 per mile

Base Rate: Wheelchair

\$30.00 first 8 miles

\$ 1.85 per mile

Base Rate: Stretcher

\$90.00 Base Rate

\$ 1.50 per mile

Counties to be Served:

All Counties in the State of South Carolina

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

SOUTH CAROLINA MOBILITY, INC.

Name of Motor Carrier

3755 HARRISON ROAD, LOGANVILLE GA 30052

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 26,000.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

	Limits Quoted	
Liability Combined Each Occurance	\$ 1,000,000	\$ 1,000,000
Medical Payments per Person	\$ 1,000	

EMPIRE FIRE AND MARINE INSURANCE COMPANY

Name of Insurance Company

13810 FNB PARKWAY, OMAHA NE 68154-5202

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

26 AUG 2010

Date



Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Exhibit FWA

SOUTH CAROLINA MOBILITY, INC.

Name

N/A

U.S.D.O.T No.

N/A

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes☒ No☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory☐ Conditional☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).
☒ Yes ☐ No
2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.
☒ Yes ☐ No
3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.
☒ Yes ☐ No
4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.
☒ Yes ☐ No
5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
☒ Yes ☐ No
6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.
☒ Yes ☐ No
7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.
☒ Yes ☐ No
8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF _____

ROBERT P. HALE
Applicant's Signature

I, ROBERT P. HALE, OWNER
Name of Applicant's Representative Title
of SOUTH CAROLINA MOBILITY INC,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

ROBERT P. HALE
Signature of Applicant's Representative

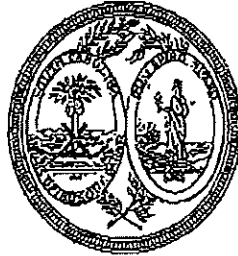
SWORN TO BEFORE ME
This 30 day of Aug 2010

John B. Hefflin
Notary Public

Commission Expires Apr 16 2012



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

SOUTH CAROLINA MOBILITY, INC.,
a corporation duly organized under the laws of the State of South Carolina on August 17th, 2010, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
17th day of August, 2010.

Mark Hammond
Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

AUG 17 2010

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF INCORPORATION

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is South Carolina Mobility, Inc.
2. The initial registered office of the corporation is 2 Office Park Court, Suite 103
Street Address
Columbia Richland South Carolina 29223
City County State Zip Code
and the initial registered agent at such address is National Registered Agents, Inc.
Fictit. Name

I hereby consent to the appointment as registered agent of the corporation:

Christian Eubanks
Agent's Signature

Christian Eubanks, Assistant Secretary

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
 - a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 10,000.
 - b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) _____

140817-0022 FILED: 08/17/2010
SOUTH CAROLINA MOBILITY, INC.

Filing Fee: \$135.00 ORIG

Mark Hammond

South Carolina Secretary of State

South Carolina Mobility, Inc.

Name of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).
The names and addresses of the initial directors of the corporation are as follows: (1) Joseph R. Hale, 550 Talmadge Drive, Athens, Georgia 30606; and (2) Robert P. Hale, 170 Greystone Terrace, Athens, Georgia 30606.
6. The name, address, and signature of each incorporator is as follows (only one incorporator is required):

Joseph R. Hale

a.

Name _____

550 Talmadge Drive, Athens, Georgia 30608

Address

ឯកសារ

b.

Noms

Address

វិទ្យាសាស្ត្រ

Q.

Narao

Address

Signature

7. I, Ray S. Smith, III, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 5 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date August 13, 2010

8) Nature

Ray S. Smith, III

Type or Print Name

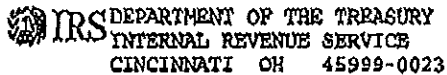
Five Concourse Parkway, NE, Suite 2360

Address

Atlanta, Georgia 30328

404-760-6000

Telephone Number



Date of this notice: 08-20-2010

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 A

SOUTH CAROLINA MOBILITY INC
3755 HARRISON RD STE 300
LOGANVILLE, GA 30052

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you, EIN. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	01/31/2011
Form 940	01/31/2011
Form 1120	03/15/2011

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.



P O Box 2962 / 3755 Harrison Road, Ste. 400 / Loganville, GA 30052
Office 770.761.2322 / Fax 770.761.7661

FACSIMILE TRANSMISSION

15 Pages To Follow

RECEIVED

AUG 30 2010

REGARDING

**ORS
T.T.W.W.W**

APPLICATION - CLASS C Stretcher Van

**Attached is our completed application. A copy will be
mailed to you directly. If you have difficulties receiving
this fax, please call Karen Hicks at 678-502-8762.**

**If you have any questions, please contact Mr. Joe Hale,
706-338-6237.**

Thank you!